

 <div style="text-align: center;"> <b>DIVISION OF ADULT INSTITUTIONS</b>   <b>POLICY AND PROCEDURES</b> </div>	<b>DAI Policy #:</b> 316.00.01	<b>Page</b> 1 of 4
	<b>Original Effective Date:</b> 11/01/95	<b>New Effective Date:</b> 11/20/22
	<b>Supersedes:</b> 316.00.01	<b>Dated:</b> 11/08/20
	<b>Administrator's Approval:</b> Sarah Cooper, Administrator – 11/7/22	
<b>Required Posting or Restricted:</b> <input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
<b>Chapter:</b> 316 Medical and Dental Copay		
<b>Subject:</b> Inmate Copayment for Health Services		

## POLICY

The Division of Adult Institutions shall charge a copayment for inmate initiated requests for health services which require services by a health care provider. No inmate shall be refused health care for inability to pay a copayment.

## REFERENCES

Standards for Health Services in Prisons, National Commission on Correctional Health Care, 2018, P-A-01 – Access to Care

Wisconsin State Statutes s. 227.11(2) – Administrative Procedure and Review

Wisconsin State Statutes ss. 302.386(3), (4) and (6) – Medical and Dental Services for Prisoners and Forensic Patients

Wisconsin Administrative Code Ch. DOC 316 – Medical Dental and Nursing Copayment Charge

Attachment – Copayment Table

## DEFINITIONS, ACRONYMS AND FORMS

Copayment – The amount charged an inmate for patient-initiated health services.

DAI – Division of Adult Institutions

DOC – Department of Corrections

DOC-2468 – Acknowledgement of Receipt of/Access to/Information (WICS) – Form signed by inmate generated from WICS as part of admission process.

DOC-3035 – Health Service Request and Copayment Disbursement Authorization

DOC-3392 – Dental Service Request and Copayment Disbursement Authorization.

DSU – Dental Services Unit

Health Care Provider – Physician, Physician Assistant, Advanced Practice Nurse Prescriber, Registered Nurse, Licensed Practical Nurse, Nursing Assistant, Dentist, Dental Assistant, Dental Hygienist, Physical Therapist, Psychiatrist, Optometrist, Optometrist Assistant, Phlebotomist, Medical Assistant, Medical Program Assistant Associate who provides health related services. This includes all on-site and off-site care providers utilized by the DOC to provide medical, dental, optical and any other health related services.

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## HSU – Health Services Unit

Inmate patient – Inmate under the care of a health care provider. This designation begins with the inmate's admission to a correctional facility.

Inmate patient-initiated request – A request by an inmate patient through a Health Service Request, Psychological Services Request, Dental Services Request or other means (e.g., through non-health facility staff, relative of the inmate patient, attorney, or other person) for a face-to-face contact with a health care provider.

Protected Health Information (PHI) – Individually identifiable health information transmitted by electronic media; maintained in electronic media; or transmitted or maintained in any other form or medium.

## WICS – Wisconsin Integrated Corrections System

### **PROCEDURE**

#### **I. Copayment General Information**

- A. An inmate shall not be refused health care for inability to pay a copayment.
- B. Unless an exception applies, as designated in the Attachment to this policy, inmate patients shall be charged a \$7.50 copayment for each instance where a face-to-face contact with a health care provider is the result of an inmate patient-initiated request for services.
- C. A DOC-2468 generated in WICS shall be completed as part of the DAI admission process or at the facility where the inmate is a short-term admission.
- D. An inmate's refusal to sign the DOC-2468 shall not avoid the copayment charge.

#### **II. HSU and DSU Processing of Copayment Charges**

- A. Unless it is a potentially life-threatening emergency, an inmate patient shall complete a DOC-3035 or DOC-3392 to request healthcare.
- B. When a Health Care Provider sees an inmate patient, they shall determine whether a copayment shall be charged in accordance with the Attachment to this policy.
- C. Whether or not the inmate patient has signed the DOC-3035 or DOC-3392, HSU/DSU staff shall sign and date the HSU/DSU section indicating the type of visit and if a copayment shall be charged.
  1. If the inmate patient refuses to sign the DOC-3035 or DOC-3392, HSU/DSU shall write "refuses to sign", but shall see the inmate patient. Refusal to sign shall not avoid the charging of the copayment.

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2. When a copayment is charged, the HSU/DSU shall provide the inmate patient with the 3<sup>rd</sup> ply of the form and forward the 2<sup>nd</sup> ply to the Business Office.
3. If a copayment is not charged, the HSU/DSU shall destroy the 2<sup>nd</sup> and 3<sup>rd</sup> plies of the form.

### **III. Business Office Processing of Copayments**

- A. Facilities shall deduct HSU/DSU copayments via documentation provided to business Office.
- B. An entry shall be made in WICS in the comment section and shall include the date of service and specific type of service; i.e., Medical, Dental or Optical.
- C. For inmate patients without funds, a copayment loan is processed and the balance due shall remain until paid in full.

### **IV. Copayments Shall Not Be Charged For:**

- A. Health Care Record review appointment.
- B. Copies of documents, but standard copying fees shall be charged.
- C. Request to amend/correct PHI.
- D. Request that communication of PHI be done in an alternate manner.
- E. Request restriction on use and disclosure of PHI.
- F. Request for an accounting of disclosures of PHI made without authorization.

**DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES**

<b>Facility:</b> Name		
<b>Original Effective Date:</b> 00/00/00	<b>DAI Policy Number:</b> 316.00.01	<b>Page</b> 4 of 4
<b>New Effective Date:</b> 00/00/00	<b>Supersedes Number:</b>	<b>Dated:</b>
<b>Chapter:</b> 316 Medical and Dental Copay		
<b>Subject:</b> Inmate Copayment for Health Services		
<b>Will Implement</b> <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
<b>Warden's/Center Superintendent's Approval:</b>		

**REFERENCES****DEFINITIONS, ACRONYMS AND FORMS****FACILITY PROCEDURE**

I.

- A.
- 1.
- a.
- B.
- C.

II.

- A.
- B.
- C.